

**City of Lansing  
POLICE OFFICER I**

**EDUCATION AND EXPERIENCE QUESTIONNAIRE**

Please print all information legibly, in ink. Answer all questions accurately and completely. **ANY FALSE STATEMENT WILL DISQUALIFY YOU FOR THIS POSITION.** There are a total of 13 pages in this questionnaire. Please be sure to that you complete and submit all pages of this questionnaire; applicants with incomplete questionnaires will not be given further consideration.

DATE: \_\_\_\_\_

1. **FULL NAME:** \_\_\_\_\_

Please list all other names you have ever used, including nicknames: \_\_\_\_\_

\_\_\_\_\_

2. **LEGAL RESIDENCE:** \_\_\_\_\_

**TELEPHONE NUMBER(S):** (Area Code) \_\_\_\_\_ Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

3. **BIRTH DATE:** \_\_\_\_\_

4. **Are you a Citizen of the United States? (Please Circle one)**      Yes      No

5. **If Naturalized, please provide date and place of Naturalization:** \_\_\_\_\_

\_\_\_\_\_

6. **How long have you been a resident of this state?** \_\_\_\_\_

7. **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

8. **SELECTIVE SERVICE NUMBER:** \_\_\_\_\_

**Present Classification:** \_\_\_\_\_

**Address of Draft Board (or city where you registered):** \_\_\_\_\_

9. U.S. MILITARY BACKGROUND: Enlisted \_\_\_\_\_ Drafted \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Please list any Disciplinary Action you received: \_\_\_\_\_

\_\_\_\_\_

Are you a member of a Military Reserve Organization? YES \_\_\_\_\_ NO \_\_\_\_\_

Date Enlistment Expires: \_\_\_\_\_ Current Rank: \_\_\_\_\_

10. EDUCATION:

ELEMENTARY SCHOOL NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Dates you attended: From \_\_\_\_\_ To \_\_\_\_\_

HIGH SCHOOL NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Dates you attended: From \_\_\_\_\_ To \_\_\_\_\_

COLLEGE OR TECHNICAL SCHOOL NAME: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Dates you attended: From \_\_\_\_\_ To \_\_\_\_\_

MISC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Are you now, or have you ever been, a member of the Communist Party or an organization cited by the Attorney General of the United States of Michigan, as being subversive:

\_\_\_\_\_

12. FAMILY:

<b><u>Your Parents</u></b> <b><u>(including</u></b> <b><u>Step-Parents)</u></b>				
<b>Full Name</b>	<b>Complete Address</b>	<b>Home Phone</b>	<b>Place of Work</b>	<b>Work Phone</b>
<b><u>Your Brothers</u></b>				
<b>Full Name</b>	<b>Complete Address</b>	<b>Home Phone</b>	<b>Place of Work</b>	<b>Work Phone</b>

<b><u>Your Sisters</u></b>				
<b>Full Name</b>	<b>Complete Address</b>	<b>Home Phone</b>	<b>Place of Work</b>	<b>Work Phone</b>

13. **EMPLOYMENT HISTORY:** Start with the present or most recent employer and work backward for ten years. Include full-time, part-time and temporary employment. Add as many separate sheets as necessary.

a. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Released: \_\_\_\_\_ End Salary: \_\_\_\_\_

Name(s) of your Supervisor(s): \_\_\_\_\_

Position and type of work: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

b. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Released: \_\_\_\_\_ End Salary: \_\_\_\_\_

Name(s) of your Supervisor(s): \_\_\_\_\_

Position and type of work: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

c. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Released: \_\_\_\_\_ End Salary: \_\_\_\_\_

Name(s) of your Supervisor(s): \_\_\_\_\_

Position and type of work: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

d. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Released: \_\_\_\_\_ End Salary: \_\_\_\_\_

Name(s) of your Supervisor(s): \_\_\_\_\_

Position and type of work: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

e. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Released: \_\_\_\_\_ End Salary: \_\_\_\_\_

Name(s) of your Supervisor(s): \_\_\_\_\_

Position and type of work: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

f. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Released: \_\_\_\_\_ End Salary: \_\_\_\_\_

Name(s) of your Supervisor(s): \_\_\_\_\_

Position and type of work: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

g. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Released: \_\_\_\_\_ End Salary: \_\_\_\_\_

Name(s) of your Supervisor(s): \_\_\_\_\_

Position and type of work: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

h. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Released: \_\_\_\_\_ End Salary: \_\_\_\_\_

Name(s) of your Supervisor(s): \_\_\_\_\_

Position and type of work: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

14. **ABSENTEEISM:** How many days of work have you missed in the past five years (excluding vacation time, jury duty and funerals)? \_\_\_\_\_

15. **CREDIT:** Have you ever been refused credit? \_\_\_\_\_  
If yes, indicate names, dates, places and reasons:

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Are you currently indebted to anyone? \_\_\_\_\_  
If yes; list below. (example: house, cars, school loans, credit cards, etc.).

CREDITOR'S NAME	ADDRESS	NATURE OF DEBT	AMOUNT

16. **RESIDENCES:** List all residences for the past five years, starting with the most recent and work backwards.

a. From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Phone Number: (Include Area Code) \_\_\_\_\_

b. From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Phone Number: (Include Area Code) \_\_\_\_\_

c. From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Phone Number: (Include Area Code) \_\_\_\_\_

d. From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Phone Number: (Include Area Code) \_\_\_\_\_

e. From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Phone Number: (Include Area Code) \_\_\_\_\_

17. DRIVER RECORD: Operator's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had a Driver's License issued in another name? \_\_\_\_\_

If YES, list other name(s): \_\_\_\_\_

Have you ever had a Driver's License issued by another state? \_\_\_\_\_

If YES, what state? \_\_\_\_\_

Has your Driver's License (any License issued by any state) ever been suspended, revoked, or placed on court probation? \_\_\_\_\_ If YES, list and describe the circumstances:

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Have you ever had Restrictions placed on your Driving privileges? \_\_\_\_\_

If YES, list and describe the circumstances: \_\_\_\_\_

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Have you ever received a Traffic Summons/Traffic Ticket (excluding parking violations)?

(Please circle one): YES NO



As well as you can recall, list all traffic citations (excluding parking violations) you have received. Provide, in each case, the information shown in the headings.

Date of Citation	Nature of Violation	Name and Location of Court	Penalties imposed or other disposition

Please list and describe the circumstances of each motor vehicle accident in which you have been involved, as a driver. In each case, provide the information shown in the headings.

Date of Accident	Location (City & State)	Brief Summary of Accident	Did you Receive a Ticket?

**18. ARREST RECORD:**

Have you ever been arrested for a Felony? \_\_\_\_\_

Have you ever been arrested for a Misdemeanor? \_\_\_\_\_

Please provide the circumstances, date, location and crime involved in all cases where you have been arrested: \_\_\_\_\_

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Have you ever had a felony conviction expunged? \_\_\_\_\_

If YES, please explain fully: \_\_\_\_\_

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**Have you ever had contact with any police agency as a juvenile offender? \_\_\_\_\_**

**If YES, please provide the circumstances, date, location and crime: \_\_\_\_\_**

**Have you ever been convicted of the crime of Domestic Assault in this state, or in any other state? \_\_\_\_\_**

**If YES, please provide the circumstances, date and location of the crime: \_\_\_\_\_**

**Is there any criminal action currently pending against you? \_\_\_\_\_**

**Have you ever been convicted of an Assaultive type of crime, which included any of the following elements? (Please clearly write YES or NO in response to each question.)**

- a. The use or attempted use of physical force. \_\_\_\_\_**
- b. The use, attempted use, or threat of a dangerous weapon. \_\_\_\_\_**
- c. The assault or attempted assault of a former spouse, parent or guardian, or a person with whom you shared a child in common, or a person you resided with. \_\_\_\_\_**

**If you answered YES to any of the above three questions, please provide the circumstances, date and location of the crime(s). \_\_\_\_\_**

**Are you aware of the existence of any Personal Protection Order (PPO) which prohibits you from contact with another person?**

**If YES, does that PPO prohibit you from purchasing or possessing a firearm? \_\_\_\_\_**

**Please provide the circumstances precipitating the issuance of such a PPO, the date it was issued, and the location of the Court which issued it: \_\_\_\_\_**

Please list below any offenses, other than minor traffic violations, for which members of your immediate family, and your spouse's immediate family (if applicable), have been convicted. Provide, in each case, the information indicated in the headings.

NAME	RELATIONSHIP TO YOU	BRIEF SUMMARY OF OFFENSE

**19. PERSONAL REFERENCES:** Please provide personal references (not relatives, former employers, fellow employees or school teachers) who are householders or property owners, business or professional people, of good standing in the community, and who have know you for more than five years.

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Telephone (Include Area Code) \_\_\_\_\_  
Business Telephone (Include Area Code) \_\_\_\_\_  
Years Acquainted \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Telephone (Include Area Code) \_\_\_\_\_  
Business Telephone (Include Area Code) \_\_\_\_\_  
Years Acquainted \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Telephone (Include Area Code) \_\_\_\_\_  
Business Telephone (Include Area Code) \_\_\_\_\_  
Years Acquainted \_\_\_\_\_
4. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Telephone (Include Area Code) \_\_\_\_\_  
Business Telephone (Include Area Code) \_\_\_\_\_  
Years Acquainted \_\_\_\_\_

20. **ESSENTIAL JOB FUNCTIONS:** With proper training and supervision, do you believe that you can perform ALL of the essential functions of the job you are applying for, unassisted and without delay? \_\_\_\_\_

If NO, please explain: \_\_\_\_\_

\_\_\_\_\_

21. Please list the name(s) of any relative(s) who are currently employed by the City of Lansing.

\_\_\_\_\_

22. Have you ever filed an application with the City of Lansing before? \_\_\_\_\_

If YES, please list the dates of application: \_\_\_\_\_

**NOTICE: ANY FALSE STATEMENT, EVASION OR DECEPTION IN ANSWERING THE PRECEDING QUESTIONS WILL BE CONSIDERED GROUNDS FOR REJECTION OR DISMISSAL FROM THE DEPARTMENT.**

**THIS APPLICATION MUST BE PROPERLY AND  
LAWFULLY NOTARIZED BELOW, BY A NOTARY  
PUBLIC, PRIOR TO BEING SUBMITTED FOR  
CONSIDERATION.**

I, \_\_\_\_\_, being duly sworn, do depose and say that the answers to the foregoing questions are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date: \_\_\_\_\_

(Signature of Applicant as Usually Written)

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Signature of Notary Public

[illegible]